



---

**State Level Conference  
on  
Issues, Challenges and Competencies in Nursing**

---

**January 18-19, 2008  
Book of Abstracts of Scientific Papers**

**Organised by  
Nursing Forum 2008  
Karnataka**



14976  
CLIC



**Chief Patron**

**Shri. D. K. Shiva Kumar, M.L.A.**  
Ex-Minister, Govt. of Karnataka

**Advisor**

**Dr. A.T. S. Giri,**  
Chairman, Goutham Educational  
Institutions, Bangalore

**Chief Organising Secretaries**

**Prof. Nanjunde Gowda**  
Principal, Ikon Nursing College

**Prof. Esther Shirley Daniel**  
Principal, St. Mary's Institute of Nursing

**Organising Secretaries**

**Dr. Rebecca Samson**  
Principal, Padmashree College of Nursing

**Prof. Mary Sham Bhat**  
Principal, Rukmani Shetty, Memorial CON

**Prof. Sheela Williams**  
KLE Institute of Nursing Science

**Prof. Rohini Paul**  
Nsg. Supt. Narayana Hrudalaya Hospital

**Prof. Shani John Sequeira**  
MCON, Manipal University

**Executive Members**

**Prof.**  
Principal, Sreed

**Prof. N**  
Principal, Gangot

**atti Kumar Gowda**  
Alva College of Nursing

**Prof. Clement I**  
VSS College of Nursing

**SOCHARA**

Community Health

Library and Information Centre (CLIC)

Community Health Cell

85/2, 1st Main, Maruthi Nagar,  
Madiwala, Bengaluru - 560 068.

Tel : 080 - 25531518

email : clic@sochara.org / chc@sochara.org

www.sochara.org



**State Level Conference**  
**on**  
**Issues, Challenges and Competencies in Nursing**

**January 18-19, 2008**

**Book of Abstracts of Scientific Papers**

*Organised by*  
**Nursing Forum 2008**  
*Karnataka*

**Venue**

**DHANAVANTRI HALL**

Rajiv Gandhi University of Health Sciences, Karnataka  
4th 'T' Block, Jayanagar, Bangalore - 560 041

© Book of Abstracts of Scientific Papers 2008, pp xii + Pages 35  
Nursing Forum 2008

All Rights Reserved. Written Permission must be secured from Nursing Forum 2008, to use or reproduce any part of this book.

Published by

**InfoSol Conglomerate**

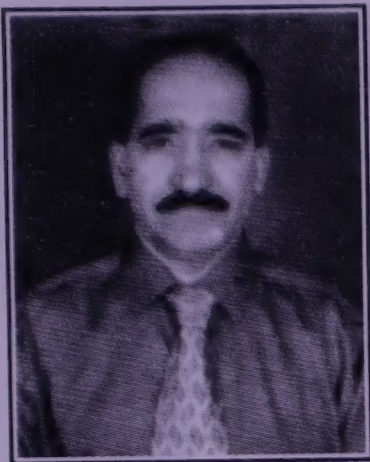
4001, 19th Cross, K.R.Road,

BSK II Stage, Bangalore - 560 070

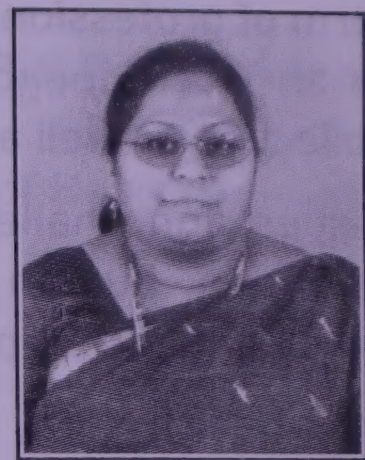
Phone : 41643618 Email : [infosol@india.com](mailto:infosol@india.com)

MP-100 P08  
14976





## FOREWORD



### **Issues, Challenges and Competencies in Nursing**

Current issues in nursing provide a forum for knowledge debate on the important issues that nurses face today since two decades. The challenges and developments continue to impact the delivery of health care and nursing profession. This conference provides an opportunity to analyze conflicting view points and to synthesize one's own thoughts on the demands being made on the nursing profession and the various difficult issues affecting today's health care delivery.

If we believe that "care" is the essence of nursing, becoming competent should rank high in our list of educational priorities. As health care professionals 'nurse' leaders and caring co workers, have an obligation to recognize and appropriately respond to the changes made in medical technology advancements, changing health needs and consumer demands.

Universally nurses have a strong humanitarian value base and altruistic desire to serve others. On one hand, the obstacles nurses face are familiar as they largely boil down to the same factors. On the other hand nursing is dominated by other professions and more efforts to improve our practice, educational status or working conditions are still being impeded by policy makers and administrators. There is continued reluctance of health system to incorporate nursing and midwifery views into general policy-making, thereby denying processes of policy development and implementation of the insights of key health providers and contribute to the de-motivation and lack of commitment among health professionals. Only the enlightened and empowered educated nurses make nursing brighter and aid in patient satisfaction. Nursing can lead itself and others in the humane direction, if nurses can only find their own power and believe in their own potential. This requires what has been dubbed the 'remoralization of nursing', in both senses of the word raising morale but also reinforcing the morale roots of the profession. Nursing needs a revitalized



form of professionalism that empowers the patient and involves all colleagues in an interdependent decision making process that sees responsibility as collective as well as individual.

Issues and challenges for all regions include migration, recruitment and retention, human resource management, education and capacity building, nursing leadership, knowledge management and research.

Like health care, nursing has seen great progress, though we are yet to attain Florence Nightingale's vision writing in 1893, when she wrote, "I look forward to the day when there are no nurses to the sick but only nurses to the well". While that day may be closer, much remains to be done.

**Prof. S.N.Nanjunde Gowda & Prof. Esther Daniel Shirley**

Chief Organizing Secretaries

Nursing Forum - 2008: ICCN





**Dr. P.S.Prabhakaran**

Vice-Chancellor

Rajiv Gandhi University of Health Sciences

Bangalore

No. PS/ 84 /2007-08

Date : 05.01.2008

## **MESSAGE**

I am very happy to note that the Nursing Forum is organizing a conference on Issues, Challenges and Competencies in Nursing on 18th & 19th January 2008 at Bangalore.

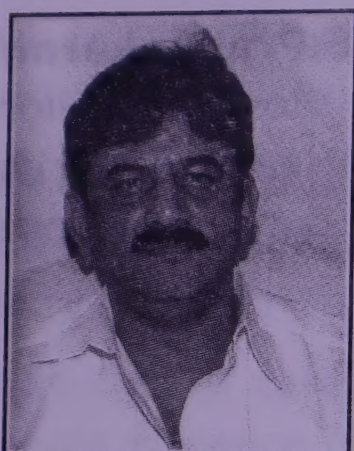
I hope the deliberations during the conference will bring in a sense of awareness among nursing community of their Social commitment and their commitment towards the suffering people.

I take this opportunity to congratulate the organizers of this conference and wish the Conference a grand success.

A handwritten signature in dark ink, appearing to read 'P.S. Prabhakaran', written in a cursive style.

**Dr. P.S.PRABHAKARAN**





**Shri. D. K. Shiva Kumar, M.L.A**  
Former - Minister,  
Government of Karnataka &  
Chairman, Ikon College of Nursing

Date : 05.01.2008

## MESSAGE

I am delighted to note that Nursing Forum 2008 is conducting State Level Conference on **"ISSUES, CHALLENGES & COMPETENCIES IN NURSING"** on **January 18<sup>th</sup> - 19<sup>th</sup> 2008** at **Dhanavanthri Hall, Rajiv Gandhi University of Health Sciences, Bangalore.**

The theme is well fitting to the current scenario of nursing education and practice.

It is encouraging to note that 600 delegates will be attending this conference, including delegates from outside the state.

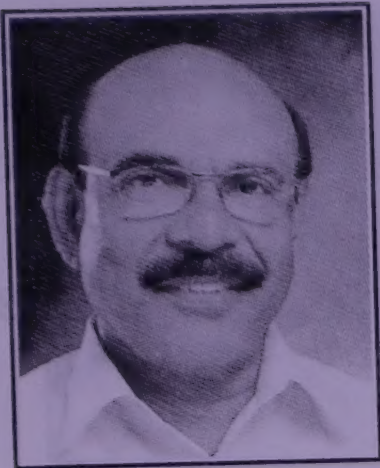
In the current century, nursing continues to be influenced by the expansion of science and technology and by a myriad of social, cultural, economic and environmental changes through out the world. The central role of nurse is to provide holistic care to patients and their families, both independently and through collaboration with other health care professionals.

I congratulate Nursing Forum 2008 for bringing out a Book of Abstracts to commemorate this conference.

Wishing the function all success.

Sd/-  
**Shri. D. K. Shiva Kumar, M.L.A**





**Shri Ivan Nigli**

Ex- M.L.A.

Government of Karnataka

Date : 14.01.2008

## **MESSAGE**

Greetings from [REDACTED] Bangalore.

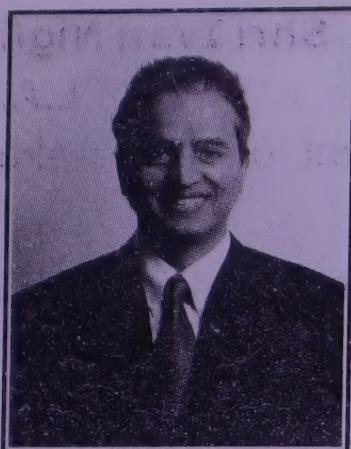
I am happy to learn that a State level conference titled "Nursing Forum 2008" is being organised under the leadership Shri D.K. Shivakumar, former Minister, Government of Karnataka to discuss about the Issues and Challenges in the field of Nursing. This is definately a move towards the right step. The Nursing Forum should ensure the quality of nursing education in the State of Karnataka.

I wish the Nursing Forum all the success.

A handwritten signature in dark ink, appearing to read 'Ivan'.

**Ivan Nigli**





**Dr. Devi Prasad Shetty**  
*Chairman*  
Narayana Hrudayalaya, Bangalore

Date : 12.01.2008

## **MESSAGE**

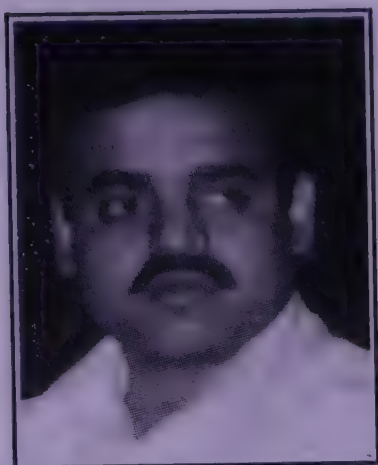
Greetings from Narayana Hrudayalaya, Bangalore.

I am happy to note that Nursing Forum for 2008 will be celebrated on the 18th January 2008. Nurses are the most important people in the delivery mechanism of healthcare. India has an excellent opportunity to be the world leader in healthcare management and it will only become a reality due to the contribution of the nurses from Indian origin. It is very important that Indian nurses familiarize themselves with the nursing training programmes and the nursing care delivery in the developed nations, so that we will be able to offer significantly in making this world a better place to live.

Wishing the conference every success.

Sd/-  
**Dr. Devi Prasad Shetty**





**Dr.Ashwath Narayan C.N.**

Managing Trustee  
Padmashree Group of Institutions  
Bangalore

Date : 14.01.2008

## **MESSAGE**

It gives me a great pleasure to know that Nursing Forum-08 - Issues, Challenges & Competencies in Nursing, conference is being held in Bangalore and it is the right time that these topics have been taken up for discussion, which is the need of the hour.

Nursing is a career which has a ever growing demand worldwide and the extent to which Healthcare is spreading its wings to cover more and more number of population I am sure the demand will be on the rise. When the prospects for the Nursing career is bright we should not overlook these basic facts which will increase the competencies of the Nurses namely; Providing a higher level of teaching, Promoting Quality of Health care and development of research based scientific knowledge on the much needed issues in health and illness domain.

I wish and I am sure that in this conference the following topics would be discussed which are crucial; viz, analyze the tendencies, Examine the real problems and identify new directions.

I hope that the conference will bring out fresh ideas and the decisions taken here will be based on the needs of the society and the health systems and will be a mile stone in the nursing field in the days to come.

Wishing the conference all the success.

Sd/-  
**Dr.Ashwath Narayan C.N.**





**B.N. Muninarayanappa**

Registrar

Karnataka State Nursing Council

Date : 14.01.2008

## **MESSAGE**

I am glad to know that nursing forum - 2008, has organized the State Level conference on "Issues, Challenges and competencies in Nursing".

It is gratifying to note that an organisation has taken the initiation to discuss the various important issues in Nursing by inviting experts from the Nursing field.

In this occassion I congratulate the effort of the organisers and convey my best wishes.

A handwritten signature in dark ink, appearing to read 'B.N. Muninarayanappa'. The signature is fluid and cursive, with a prominent initial 'B'.

**B.N. Muninarayanappa**

Nursing Registrar





**Dr.A.T.S. GIRI**

*Chairman*

Goutham Group of Institutions,  
Bangalore.

Date : 12.01.2008

## **MESSAGE**

I am delighted to write my message for the "Book of Abstracts of Scientific Papers" being released on the memorable occasion of **NURSING FORUM 2008** organizing a State Level Conference with the theme **"ISSUES, CHALLENGES & COMPETENCIES IN NURSING"** on January 18<sup>th</sup> - 19<sup>th</sup> 2008 at Dhanavantri Hall, Rajiv Gandhi University Of Health Sciences, Bangalore.

I congratulate the organizers for their initiative and for the selection of excellent theme for this year. The gathering of experts is sure to stimulate a lot of interaction and discussions among the participants.

I wish the conference every success.

Sd/-

**Dr.A.T.S. Giri**

*Chairman*





**Mr. Jose Kannanchira**

*Chairman*

St. Mary's Institute of Nursing  
Bangalore

Date : 12.01.2008

## **MESSAGE**

I am extremely happy to learn that **NURSING FORUM 2008** is organizing a State Level Conference with the Theme "**ISSUES, CHALLENGES & COMPETENCIES IN NURSING**" on **January 18<sup>th</sup> - 19<sup>th</sup> 2008** at **DHANVANTHRI HALL, RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES, BANGALORE.**

The crucial role played by the nursing profession in recent years in the rapidly evolving development in healthcare and education in India has been noteworthy. The nursing fraternity has approached Issues and Challenges in the health scenario with admirable courage and professionalism.

I am sure that this State Level Conference will set a new trend and favourable environment for reshaping nursing education and practice.

I wish the conference to be of great success.

A handwritten signature in dark ink, appearing to read 'Jose'.

**Mr. Jose Kannanchira**

*Chairman*



**ABSTRACTS**  
**of**  
**Scientific Papers**

---







## ORATION ON ISSUES IN NURSING

by

**Dr.B.T. Basavanthappa**

*Principal*

*Rajarajesari College of Nursing, Bangalore.*

### ABSTRACT

Nursing is the oldest of arts and youngest of profession, its sympathy and concern for the suffering and misfortune of other, attributes a personal nature or human characteristics (personified) or represent a quality or concept by a figure in human form.

A dynamic health care system require growth and change in professional nursing ,skills in communication and interpersonal relation are needed for nurses to be effective members of a collaborative health care team.

Nursing personnel constitute a major portion of health manpower, nursing practice is currently more sophisticated than the past, due to tremendous advance made in science, medicine and technology, and also issues influencing or affecting the nurses such as. improper recruitment, roles, inadequate facility which influencing quality care ,lack of in service education programme ,unsafe working condition ,long hour of working ,less promotional opportunities.

In Karnataka we have 11 government school of general nursing, only three government college of nursing. The school and colleges face so many problems such as. No independent building in school, no independent principal, inadequate hostel facilities for students, acute shortage of qualified teachers in nursing no transport facilities. For smooth running of schools and colleges the above problems should be solved.

We have about 329 private colleges of nursing and more than 500 private school of nursing, in private institution there are number of issues prevailing such as lack of qualified teacher, inspection of nursing colleges by non nursing personnel, and no job security. Another challenges in nursing is nursing research and nursing administration

The future promises exciting and stimulating changes in the health care delivery system. The nursing profession is faced with the challenges of taking an active part. The future of nursing depends on how quickly and effectively nurses can face challenges and becoming competent.



## **WHO MOVED MY NURSE AWAY !!!**

by

**Dr. Ratna Prakash**

*Dean*

*Manipal College of Nursing, Manipal*

### **ABSTRACT**

The act of 'Nursing' and the 'Nurse' have been defined and redefined through ages.

In the process of human manifold evolution, naturally and evidently the Nurse has been metamorphosed to her / his present state of existence. In West, the extended and expanded roles of Nurse have brought Nursing to lime light. In India, the thrust on super-specialization in health care has generated a handful of specialized Nursing fields, but generally Nurse as a 'professional' has no visibility.

This paper explores and examines in sequential progression the events in Global as well as National scenario that have effected the present situation. The events are categorized as 'intrinsic', meaning in our own Nursing System and 'extrinsic' or external agencies. The focus of Nursing in India, its scope in yesterday's and today's health care circumstances and sensitive Nursing Indicators are analyzed.

It is a fact that with her educational and technical preparation, today's Nurse is actually prepared to coordinate all other Health Care Professionals' services in her patient's care and extend her health care proficiency in meeting health needs of patient's family and community. She/he can function independently in care, cure, preventive health, rehabilitation and research.

Shouldering this integral professional responsibility requires confidence, competency, commitment and consistency. To what extent we possess these attributes! How much we are ready to accept our professional liability! What is our contribution towards bringing Nursing Profession to forefront as an essential service to society, because societal recognition comes only with fulfillment of social responsibilities!

Together let us work to bring Nursing out of apparent professional obscurity and make our presence known though competent healths care in all circumstances.

***The today's Nurse is very much there, right with her client, no one can move her away.***



## **NURSE EMPOWERMENT**

by

**Prof. Abanti Gopan**

*Director*

*Sahyadri College of Nursing, Mangalore*

### **ABSTRACT**

Knowledge, Passion, Accountability and Authority lead to ardent Empowerment. For a nurse to be empowered she has to be a leader and a change agent.

The road to empowerment involves education, understanding, communicating, reaching out and providing excellent service.

It is crucial to have clinical competence to be empowered.

The key quotients required are IQ to solve logical problems, EQ to judge situations and behave appropriately, SQ to question ourselves and XQ or executive quotient to deal with multiple health care providers and team members.

Mentoring the youth towards empowerment involves building character, improving professional and social skills and infusing life for clinical work. This positive attitude to work will help bridge gap between individual and organizational goals.

Leaders or administrators who are change agents need to be open to data at start. They must continuously learn themselves and document their learning. Overcome fear of opposition and senior management along with them. Once initiation for change is made they must see it through to the end.

Translate evidence based practice into reality is an important step towards ownership of implemented in areas of autonomous nursing care. Only and only when nurses have a hold in clinical area will nurses achieve a status of empowerment.

Leaders must actively use and encourage among nurses the use of critical thinking, caring and quality service in areas of clinical practice, education as well as research.

Finally nurse leaders must lead by example and style that empower and inspire others.



## **QUALITY MANGEMNT -EVIDENCE –BASED POWER POINT**

by

**Dr. Rebecca Samson**

*Principal*

*Padmashree College of Nursing, Bangalore*

### **ABSTRACT**

“There is no quality with out evidence”.Quality and evidence go hand in hand.

Quality: According to Webster’s dictionary “it is degree of excellence”. It is subjective way of expression according to each ones perception and it is fundamentally relational. Quality is a measure determining what the best is shall be the key to competitiveness. It is also a methodology and a way of promoting peoples active participation based on the involvement and responsibility of each individual working towards common vision.

Quality management: In quality management , quality control is a prime element of the management of nursing service. It is a system for evaluation of the total effort, which include the evaluation of management process and the practice of nursing. Quality assurance and quality improvement are essential elements .

Evidence proves the standards of care or practice or education. Evidence is specific factor which denotes the results. which is the out come of actions. Evidence - “A thing / Things helpful informing a conclusion or judgment;Something that furnishes proof. Evidence refers to; facts, signs, or objects that make you believe that it is true.(noun)Verb ; to prove, to testify( Oxford advanced Dictionary 7<sup>th</sup> ed)

Evidence based practice has been adopted by much of the western world as a way of solving clinical problems and a way of generating new questions. The evidence based explosion as it is often described , came about towards the end of 1990s . Sackett et al defined it as “bringing together the best research evidence with clinical expertise and patient values”.



Nurses also tried to adopt an evidence base for clinical practice , although nursing has been talking about a research based profession since 1970s. Contemporary nursing has aimed to promote a ' critical thinking ' scientific culture in an attempt to arm nurses with the requisite of knowledge and skills to utilize evidence in clinical practice.

In order to make a start in the quest for evidence based practice nurse managers , educationalists ,researchers and clinical practitioners must all play an active part. Simple strategies can help to prepare nurses such as role modeling and reflection on action.(Walsh & Ham, 1997).

In quality management either in nursing practice, or education, the information about structure , nursing process, and patient/Student out comes must be continuously fed back to the nurses /teachers at all levels of organizational hierarchy.

So, with out evidence there is no quality .It is not only that which is shaped but also that which does shaping. There can be no quality without an environment of quality it demands of the 'TEAM'.





## **IMPACT OF INFORMATION, COMMUNICATION AND TECHNOLOGY (ICT) IN NURSING**

by

**Dr. R Rama Raj Urs**

*University Librarian*

*Rajiv Gandhi University of Health Sciences, Karnataka, Bangalore*

### **ABSTRACT**

Information is power, and the possession and protection of esoteric knowledge has long been used by the professions, particularly in health care, as a source of power and control. The changing patterns of health care delivery system have increased complexity in all practice environments. Evidenced-based practice models have intensified rather than simplified nursing care delivery because they have been inserted into traditional practice patterns. Nursing lacks systems to plot its pattern of health care delivery. Consequently, except in limited circumstances, nurses are unable to predict what activities make a difference in the outcomes and satisfaction levels of their patients. The inability to identify and control the processes, protocols, patterns, rituals, and tasks related to safe, compassionate nursing care delivery and better health outcomes does not assure professional practice. Nurses today view technology as an integral component of nursing practice. Increasingly, they're using computerized systems to manage patient information and to provide non-biased counseling on such matters as surgical procedures and coping with bereavement.

E-nursing, the use of information and communication technology in nursing is revolutionizing the way nurses interact with patients, deliver care and communicate with colleagues. Equipment such as computer terminals on hospital units, laptops for community health nurses and personal digital assistants for charting at the bedside are as necessary as stethoscopes for health-care providers to do their jobs. Today, nurses work in a variety of e-health programs such as tele-triage. They access online libraries and databases of clinical practice guidelines in their workplaces and interact with their peers in discussion groups over the Internet. The boundaries between medicine and nursing are changing rapidly, and the use of protocols and algorithmic decision



support systems has enabled nurses to take on much of the work formerly done by doctors. ICT can provide sophisticated decision support systems.

In the future, technology will continue to change rapidly. Nursing students will have a mindset for using technology to support their practice and welcome new advances in technology. Through the use of suitable programs the computer can provide information, ask questions, react appropriately to the student's response, and score multiple-choice tests. E-learning is integrating information technology into the learning/teaching process, using material delivered via the Internet. Nursing, adoption of technology within the workplace is a result of the interactions between technical skills, social acceptance, and workplace culture. Nursing needs for information not only influence their adoption of particular technologies but also shape their design. Rapid advances in ICT are revolutionizing healthcare across the world.





# **NURSING FACULTY OPPORTUNITY AND CHALLENGES**

by

**Dr. Jeyaseelan Manickam Devadason**

Dean

*Annai JKK College of Nursing, Komarapalayam*

## **ABSTRACT**

### **Nursing Faculty**

#### *An Individual*

- \* Career development
- \* Self development

#### *A Teacher*

- \* Techno-learning
- \* Techno-teaching
- \* Techno-evaluation

#### *A Professional*

- \* Independent nurse practice
- \* Evidence based teaching
- \* Evidence based nursing care

### **The following phases provide organization to our approach:**

#### **Phase I - Assessing Self & Preferences**

understanding self, skills, interests & values

#### **Phase II - Exploring Options**

proactively identifying, understanding and matching self to the possibilities

#### **Phase III - Developing Skills & Experience**

building skills, knowledge & reputation



### **Phase IV - Marketing Self**

obtaining the skills to seek, obtain, maintain and change jobs

### **Phase V - Performing & Planning Next Steps**

developing the skills to make effective career-related decisions and career transitions

## **FUTURE OPPORTUNITIES IN NURSING**

Master of one Jack of None

Independent Extended Nursing Care

Independent Research

Independent Nursing Universities

Use of Technology in Teaching - Learning Nursing

Independent Nurse Entrepreneurs

Independent Primary Health Nurse

Independent Publication





## OBJECTIVE STRUCTURED CLINICAL EVALUATION (O.S.C.E.)

by

**Prof. Mary Sham Bhat**

*Principal*

*Rukmini Shetty Memorial College of Nursing, Mangalore*

### ABSTRACT

**One of the important, continuing and integral parts of teaching is evaluation."** (Heidgerken 2000). The Objective Structured Clinical Examination (OSCE) is a multiple station examination where examinees are expected to demonstrate a level of mastery of competency within a specified time at each station (Hamadeh et al. 1993). It was developed more than 20 years ago in Scotland in an effort to make exams more valid, reliable, and practical (Harden & Gleeson 1979). OSCE's can be, and should be, used for formative purposes during the course. "Mini-OSCE's" at the end of modules or clinical attachments can provide very helpful feedback to students and their teachers. The purpose of most undergraduate OSCE's is to assess the students' level of clinical competence. . The appropriateness of the sample will determine the **CONTENT VALIDITY** of the test by experts. **RELIABILITY** of the test will be the consistency of the examiners in performing their rating and marking tasks. Consequently key aspects of developing an OSCE will be: **Constructing a Blueprint** . A small team appointed to be responsible for the OSCE. . **Designing the Stations** The next stage in developing the OSCE involves designing stations around the problems identified in the blueprint. The essential elements of OSCE stations are: A clear definition of the task to be performed by the student' Precise and clear instructions to students, examiners mark s are scored against a set criteria. set the time limit and grade of competencies

Assessment of clinical competence of B.SC. Nursing students in Fundamentals of Nursing, Medical Surgical Nursing and Community Health Nursing using O.S.C.E. method of evaluation, in selected college of Mangalore , South India To develop and validate practical and theoretical O.S.C.E. I. , II. & III stations against a set criteria. To assess the clinical competence of B.Sc. Nursing students in 3 areas (Fundamentals of Nursing, Medical Surgical Nursing and Community Health Nursing O.S.C.E. method of evaluation) using a set criteria.



**METHOD OF OSCE:** (1.)the duration of each station was preplanned in the blue print as per set criteria,; ( 2) .an overall co-ordinator was assigned; (3.) A rehearsal was planned on previous day for learning experience ; ( 4.) All students started together at 2pm (5. )At 2.05 when bell rang the students moved to the next station ; (6.) Direction arrows and number of the station pasted in the respective place ; (7.) The students had completed all the stations within 90 minutes; (8.) OSCE on patient in the clinical setting was done by clinical instructors, they observed the performance and marked on observation checklist regarding the physical examination and procedure checklist, which was developed and validated by faculty members and experts in the field.

O.S.C.E. was used as a method of student evaluation through a number of practical and theoretical stations based on a set criteria in 3 areas: (1) Fundamentals of Nursing (2) Medical Surgical Nursing and (3) Community Health Nursing. It took only 90 minutes to complete each area. The students were appraised of their performance and it helped the faculty to plan clinical teaching supervision and focus on areas of deficiency as more emphasis was given on scientific and diagnostic test and nursing procedures.

**MAJOR FINDINGS FUNDAMENTALS OF NURSING (O.S.C.E. I ) :** On the whole, students had the mean percentage competence of 85% in 8 stations out of 10.

**MEDICAL SURGICAL NURSING (O.S.C.E. II ):** On analysis it was found that the II year B.Sc. Nursing students mean percentage scores for all the stations was 80%.

**COMMUNITY HEALTH NURSING (O.S.C.E. III ):** Analysis showed that mean percentage scores of the B.Sc. Nursing students for all the stations was 65%.

O.S.C.E. was used as a method of student evaluation through a number of practical and theoretical stations based on a set criteria in 3 areas: 1) Fundamentals of Nursing 2) Medical Surgical Nursing and 3) Community Health Nursing. It took only 90 minutes to complete each area. The students were appraised of their performance and it helped the faculty to plan clinical teaching supervision and focus on areas of deficiency as more emphasis was given on scientific and diagnostic test and nursing procedures.



## **IMAGES OF NURSING**

*by*

**Prof. Sheela Williams**

K.L.E.S Institute of Nursing Sciences, Nehru Nagar, Belgaum

### **ABSTRACT**

Nursing is said to be part of the trinity of selfless careers along with motherhood and teaching. The reason being that one needs an altruistic sense of duty, which is to be able to serve and do one's duty with passion, commitment and dedication. It is a profession that focuses on assisting individuals to recover and maintain their health.

According to a nurse working in BARC hospital, "nurses have a very bad image and the career is not respected enough. There are a lot of misconceptions and no one gives nurses enough credit for their jobs".

The public's image of nurses and their occupation has been an obstacle to achieving full professional status. The general perception of nursing continues to reflect the belief that nurses are the "handmaidens" of physicians, whose main function is to implement "orders" of the medical profession at their bidding in a subservient manner, without having decision-making responsibilities in their own right. The public still thinks of a nurse in a sex-linked, task-oriented terms: a female who performs unpleasant technical jobs and functions as an assistant to the physician.

Media plays a very important role in exploiting the image of nursing. Some media groups are projecting stereotype images about the profession, discriminating men from women to be a part of this profession, The print media is also focusing on the profession of nurse in negative manner by projecting stories about nurses that is humiliating their prestigious profession.

It is a fact that four national nursing organizations, the American Nurses' Association, the National League for Nursing, the Academy of Nursing and Sigma Theta Tau, have identified the image of nursing as having high priority and this reflects the concern that nursing and nurses are expressing about their image and their role in improving their health care through improved nursing practice.



In order to project a more acceptable professional image to the public, significant changes must occur within the profession. Some of them are

- Recognize that image problem does exist and that each individual nurse has a responsibility to improve the profession's image.
- Strengthen involvement in professional organizations.
- Nurses must become politically active and politically knowledgeable.
- Write and submit feature stories on nurses for local media.
- Improve community image; volunteer for community-sponsored activities.
- Health care texts must be improved.
- Increased staff nurse involvement in research activities.

Never allow the nursing profession to be portrayed as physician's handmaidens; insist, instead that nurses be portrayed as physician's peers.





## CREATING EXCELLENCE IN COMPETENT CARE

by

**Prof. Esther Shirley Daniel,**

*Principal*

*St. Mary's Institute of Nursing, Bangalore*

### ABSTRACT

Increased accountability has become a common theme in contemporary society. In the public marketplace, the theme of "let the buyer beware" has been replaced with the philosophy of "excellence is defined by the customer." This perspective has general application across all types of industries. When the "public good" relates to education or health care, standards of acceptable performance are clearly defined by regulatory and professional bodies and society holds practitioners fully accountable when performance is unacceptable or questionable.

Multiple requirements for competent nursing practice in the health care system have been established by national associations and agencies.

Nurses have their own professional responsibility:

Actor → act → situation

Personal qualities → conduct → consequences

Competencies → interventions → outcomes

Structure of responsibility

- \* Nursing care is aimed at the good of patients well-being; in nursing these are defined as **outcomes**, pursued by methods and techniques
- \* Upholding professional standards; in nursing called **interventions**, done by groups of human beings with the requisite attitudes and abilities; in nursing called **competencies**.

The legal and financial implications of employee performance and safe practice in a rapidly changing practice environment make continuing professional competence a major concern for all providers and health care organizations. Stressing the importance of assessing what employees can do, not what



they know, del Bueno describes the commonly known gap between excellent test takers who have difficulty performing a procedure or recognizing warning signs in a patient experiencing difficulty. The use of criterion-based performance measures determines practice competencies in employees as well as identifies where need exists to correct skill or knowledge deficiencies.





## **Fundamental Pillars Which Promotes Excellence in Nursing and Midwifery Practice**

by

**Prof. S. N. Nanjunde Gowda**

*Principal*

*Ikon Nursing College, Bangalore*

### **ABSTRACT**

The search for excellence in nursing involves a commitment from every nurse to reflect on their practice, in order to identify high quality care and to adopt innovative strategies towards promoting and improving their area of expertise, whether in clinical practice, management or education. **Excellence**, according to the Collins English dictionary, is the state or quality of excelling or being exceptionally good, extreme merit. In addition excellence may be achieved by an action, which is judged to be particularly outstanding or proficient.

To create excellence in care, we need markers of excellence, for example, creating, implementing, and evaluating/refining standards of care. We also need to base our practice on research evidence, to ensure a sound basis for care, rather than continue to perpetuate out- moded ritualistic practices which have no scientific rationale.

Nurses and midwives have often faced struggle with the elements, with lack of resources, with prejudice and with injustice, but yet in spite of this they have remained resourceful.

Nursing has always been classified as a low level activity in general, social and institutional context of medicine, thus preventing nurses from ever receiving recognition for their contribution to caring for the sick or the credit for the cure. Economic changes and the presence of assured employment were the greatest factors in bringing about the acceptability and respectability of the nursing profession in India, and this enabled the profession to grow.

Nursing excellence is viewed by some professionals, physician, and public as high quality nursing service at the delivery points, while nursing leaders' views nursing excellence in a much broader context to encompass many pillars or determents leading to the delivery of high quality nursing care. In this presentation it is the later view which is adopted.



## **Pillars to excellence**

- 1. Nursing and health policies.** Of prime importance for achieving excellence are clearly stated policies for nursing education, the delivery of nursing service and employment of the nursing personnel
- 2. Nursing legislation.** An excellent component for achieving nursing excellence is for government to have the political commitment to enact appropriate legislation
- 3. Ethical code of conduct:** A code of ethical conduct to direct nurses in clarification of their values and assist them in making ethical choices is a pre requisite for achieving nursing excellence
- 4. Professional competence:** Nursing education needs to shift from being hospital based focusing disease and cure to emphasize on community nursing
- 5. Nursing friendly environment:** The context in which nurse's work, nursing care is delivered has a direct impact on the degree of excellence.
- 6. Research in nursing.** Research in nursing has contributed to the body of nursing knowledge during the past few decades yet, the essence of nursing which is caring, has just begin to draw attention of nurse researchers. The importance of demonstrating that, nurses provide a unique service of high quality, that is cost effective, is greatly needed

## **Requirements for national planning for nursing**

To institutionalize a planning process, to achieve nursing excellence at any level, a number of requirements must be fulfilled

1. Political will and commitment
2. A core group of nursing leader
3. A viable administrative structure
4. An adequate information system

The challenge of achieving excellence during 21 centuries will be overwhelming to every nurse. However, this challenge will be met through nurse's commitment, vision, systematic planning and collaborative actions, with the profession and partner in health.



## **Practical Aspect Related to Continuing Nursing Education In Acute Care Setting**

by

**Rohini Paul**

*Nursing Superintendent*

*Narayana Hrudayalaya Insitute of Medical Science, Bangalore*

### **ABSTRACT**

#### **Objectives:**

1. To remind ourselves about the various methods of practice focused towards continuing education
2. To relate the continuing education in nursing to that of quality patient care.

Nursing is a humanistic, socially essential service.

Today's unrelenting constant process of change.

#### **Introduction**

Learning is individual and diversified for each person.

The professional organization must recognize and respond accordingly.

The organization should have the commitment towards the Registered Nurse as a unique person.

Every nurse when she learns more, she is not only bringing name for herself but to the entire organization.

#### **The Scope of CNE for Nurses**

Assist individual practitioners in the continued acquisition of knowledge, the extension of professional responsibility.

Expansion of interpersonal skill

Improvement in problem solving approaches to professional practice.

Recalling every detail of Policies and Protocol to achieve the good quality patient care.

The methodology, the findings of the study will be discussed.



## **EMPOWERMENT THROUGH COMMUNICATION**

by

**Prof. Shani John Sequeira**

*Assistant Professor*

*Manipal University, Mangalore*

### **ABSTRACT**

#### **Objective**

The group recalls the importance of communication in nursing

Describes the power of communication in all spheres of nursing profession

#### **INTRODUCTION**

A review of nursing theories, definitions nursing, Philosophies, and views on nursing

Point to "care" as the core of nursing. Four core competencies in nursing are; Technical skills, Cognitive skills, Interpersonal skills & Legal and ethical skills all these skills are interdependent .

Communication is essential to each professional nursing role and is the heart of caring.

Nursing is a person centered service, based on relationship with patients, peers, and other members of the health team. By developing effective interpersonal skills and using therapeutic communication skills nurses can establish and maintain helping relationships.

Many experienced nurses identify the quality of their interpersonal relationships as the single most significant element in determining their helper effectiveness.

Studies have shown that on nursing units where nurses freely exchange ideas and information, solve problems together when something goes wrong rather than to blame, compliment one another, and use humor creatively, staff morale is high, and there is higher level of attainment of patient outcomes.



Area where the nurses need to have additional and specific communication skills are

Communicating with other health professionals, older clients & with children

Communicating with clients in stressful situations-Terminally Ill, Death & Dying, Handling Grief, Handling Abuse.

Communicating with clients experiencing communication deficits & Unconscious Patient

Communicating with clients belonging to different culture from that of the nurse

[Presenting oneself for an interview, communicating in public, demeanor, grooming, a nurse is not just communicating with her words]

- Patient Counseling Challenges Handling Uncomfortable Situations- Sexuality, Patient Boundaries Special Considerations for Loss of Child
- HIV / AIDS: Testing and Counseling, Impact of Disease, Helping Patient to Attain Maximum Level of Functioning in Home Environment
- Art of Humor, Spirituality & in Health Care
- Patient Education, Pain Management, The Art of Pain Assessment
- Work Place Related Issues
- Sexual Harassment, Legal Issues r/t practice, Employee Grievances, Nurse's role as Patient Advocate, Nurse's relationship to Health Care team, Nurse Doctor Interactions, Caregiver Burn out & Team work
- Nurse educators have additional challenges in communicating with students from diverse background and situation while mentoring and role modelling she needs to deal with specific set of counselling challenges and other dynamic factors.
- Where nurses fail!

Despite their dedicated efficient effective skilled care, , health care industry, the society and the nursing community itself does not communicate



The fundamental issues nursing profession can not shy away for long. Health care industry is facing transformation.

- What does nurses do?
- How do nurses contribute in cost effective care
- Does every rupee spent on the nurse training turning profitable in terms of bringing early discharge
- Is client satisfaction primary concern to the nursing service?
- Do nurses really market/showcase themselves? It happens at institutions of higher learning and magnet hospitals

inorder to analyse the perception of nurses in the clinical area regarding the role of communication skills in nursing a descriptive survey was conducted in december 2007 in a selected hospital. the methodology, the findings of the study will be discussed.

## EMPOWERMENT THROUGH ACCOUNTABILITY

by

**Prof. B.A. Yathi Kumara Swamy Gowda**

Principal

*Alva's College Nursing, Moodbidri*

### ABSTRACT

Empowerment is therapeutic and spiritual it is healthy for both employees and the organization. Empowerment terms from and gives support to useful experiential feelings or ideologies. **"Empowerment seeks to increase the power and influence of professional nurses"**

Nurses are empowered when administrators and managers share accountability with them. Nurses seek community with other nurses as a form of empowerment. Their power is extended by new technologies at work by computers with moderns cellular phones, fax machines and access to email systems. Nurses are empowered when society rewards with accountability as their initiatives as individuals. Empowerment motivates Accountability manages. Both join and make the team spirit.

Among the psychological and personality attributes of organizational development are empowerment and accountability are crucial elements of nursing profession. A Professional nurse is obliged to answer for decisions and actions. This would be achieved using a management by results.

### Barriers:

Some of barriers to create of empowerment through Accountability are as follows:

- a. Organizational beliefs about authority and status.
- b. Control perceptions, needs and attritions.
- c. Organizational inertia.
- d. personal and interdepartmental barriers.
- e. Employee number, mix and skill.
- f. A lack of ability and unwillingness of staff to ensure responsibility and accountability for their attitudes and behaviour.
- g. Managerial incompetence.



## **TRADITIONAL ROLE V/s MODERN ROLE**

by

**Prof. K Ramu**

*Principal*

*Sreedevi College of Nursing ,Tumkur*

### **ABSTRACT**

Nursing has passed through many phases. It should be remembered that medicine and nursing had independent origins and existed as such for many centuries without much contact. The reason was that the practice of medicine and surgery were very simple and undeveloped and therefore needed no technical skill.

During the centuries known as the Middle Ages, nursing was carried out by religious or military groups whose prime function was other than nursing care as we understand today. The nursing, needs of the sick at home were met by members of the family. It was the evolution of medicine, surgery and public health into complicated technical area requiring many procedures to be performed by persons specially trained and having understanding of scientific principles which brought the two professions closer together.

Nursing has been called the oldest of the arts and the youngest of the professions. Nursing has been involved in the existing culture-shaped by it and yet helping to develop it. The great turning points in world progress have also been important turning points in nursing. Events that give rise to a higher degree of consideration for those who are helpless or oppressed, kindness and sympathy for the unfortunate and for those who suffer, tolerance for those of differing religion, race, color etc- all tend to promote activities like nursing which are primarily humanitarian (Dock and Stewart 1950).

Nursing has its origin in the mother-care of helpless infants and must have coexisted with this type of care from earliest times. The word "Nursing is derived from the Latin *Nutrire* to nourish". The noun *nutrix*, which means "Nursing mother". Frequently this referred to a woman who suckled a child who was not her own, that is, a wet nurse. The Latin words were the basis for the French *nourrice*, which also referred to a woman who suckled a child,



particularly the child of another. The original meaning of the English word was the same, a wet nurse. The term was first used in English in the thirteenth century, and its spelling underwent many forms, from norrice, nurice or nourice to the present nurse. Through this evolution of the word, another dimension was added to its meaning a women who cares for and tends young children.

In the past, most individuals and societies viewed good health or wellness as the opposite or absence of disease. In the approaching twenty-first century, health will be viewed from a broader perspective. The broader aspect of health may include such elements as a feeling of empowerment, loving relationship, zest for living, a strong social support network, a sense of meaning in life, or a certain level of independence. Psychosocial and functional dimensions become increasingly integral component of good health in this new view.

Although the present generation of nurses has grown up entirely in a technological age, it is important to remember that the role of present day nurses is a product of an evolutionary process; nursing, like all health and carrying professions' must adapt of changes in society present day nurses are essential members of health care teams together with members of other professions, including physicians and surgeons, physiotherapists, occupational therapists, dieticians, porters ambulance men and voluntary workless. Total care of the whole patient is possible only when all these team members collaborate together to give care.



## **CHALLENGES NURSING EDUCATION**

*by*

**Prof. Lakshmidevi N.**

*Principal*

*Global College of Nursing, Bangalore*

### **ABSTRACT**

The Nursing is specialized practice because of the explosion of nursing knowledge. The historical concept of Nursing education for exchange service is becoming myth today. The arrival of branded hospital, new specialities and new categories of diseases, changing life style of customers and increasing international perspective are demanding multi tasking professionally competent techno savvy empathetic nurse. As the nurse's role expanded, the standard and practice of nursing education required greater consistency. This has challenged the traditional ways of educating nurses and of practicing nursing. The nursing education and advanced practice roles will need to develop in tandem if nursing is to be effective in preserving the best of what nursing has been and to take the profession into the future of health care. Nursing education poses many challenges in the changing professional arena.

- The changing population demographis and increasing ethnic and cultural diversity of nursing students.
- The technological explosion particularly information technology.
- Globalization of the world's economy and society.
- The era of the educated consumer, alternative therapies and genomes and palliative care.
- The cost of health care and the challenge of managed care.
- The growing need for interdisciplinary education for collaborative practice.
- The gap between education and clinical practice.
- Growing opportunities and globalization of opportunities.

Transformations are already taking place in nursing and nursing education based on these trends and change is expected to continue. These developments created a need for more formalized programmes of study to ensure consistence of education and skill training. The colleges and schools will have to educate nurses to be responsive changes, challenges and demands of the society.



## **INTEGRATING NURSING SERVICE AND NURSING EDUCATION**

by

**I. Clement**

Principal,

*VSS College of Nursing, Bangalore*

### **ABSTRACT**

The field of nursing education basically involves both theoretical and practical knowledge, by theory we mean the most advanced and valued knowledge available that can be generated and applied to many situations. In nursing, the curriculum that is formulated should have a proper framework of theory and practice, the theory which is thought, should help nurses within this field to analyze, synthesize data, organize concepts, principles, suggest new ideas and relations and even speculate about future nursing. The nursing education to be effective, it needs a good practice, therefore best of good nursing education is whether it can guide for excellent nursing practice. Nursing education and nursing service are both sides of a same coin, so both are equally important, therefore there needs, something called integration which is proper blending of nursing education and practice or service in nursing curriculum.

The nurse educator should choose an appropriate method to teach and practice, whatever the subjects taught about nursing. The nurse educator should make sure the topic meets the objectives of three domains-cognitive, affective, and psychomotor and merging of three appropriately, selection of teaching methods in a more realistic situation to the students, supervision of the nursing practice and evaluating this skill is most important. Integrating nursing service is important to give a quality nursing care.

The main goal of education is to equip a person with necessary skill to live effectively and productively in the world of tomorrow. A professional nurse should be productive and humanistic, skillfully blending nursing education (science) with nursing practice (art). Future of nursing as a discrete discipline rests upon strong links between education and every sphere of practice. The difficulties that the new graduates experiencing in making the transition from



students to qualified nurses highlights the need for more bridges between education and practice. Preceptor ship is one strategy for assisting new graduates.

The challenge to nursing is to discover strategies to achieve an appropriate balance between artistic and scientific components of nursing. An exploration of the difference between practical and theoretical knowledge, reflection on and in practice and alternative ways of knowing such as maxims, connoisseurship, tacit knowledge which show that all practice is not based on theory. Expertise takes time and cannot be taught. Nurses are urged to move away from perspective rule driven curricula to find ways to provide the impetus for the creative, individualized, context responsive caring, human service oriented, humanistic, critical thinking, human science education, that should form the basis of education.

The professional task becomes precondition for ensuring that the training program is really designed to meet the population health needs. The training programs, professional profile and educational program objectives should provide basis for nursing practice in all three levels of health care. Such as primary, secondary and tertiary health care. The advancement to adopted and develop professional skill as specialist is essential. So that the nurses can be prepared as clinical consultants, administrators and as researches in the various fields of nursing practice in order to make both nursing education and practice identical three principles are fundamental importance.

Another legitimate way of knowing is intuition. The skills, required for this are pattern recognition, similarity recognition, common sense understanding, and skilled know-how, sense of salience and deliberations rationality. Intuition is an artistic element, which is unique and can not be taught but can be enhanced and refined by experience. A number of factors have emerged as significant in enhancing the relationship between nursing educations and nursing practice. In a practice oriented profession such as nursing education and practice are inseparable.



## **ASSERTIVE SKILLS FOR NURSES**

by

**Prof. Pauline Sharmila S.**

*Principal,*

*Sri Lakshmi College of Nursing, Bangalore*

### **ABSTRACT**

We are the noble, courageous, empathetic and dynamic population – nurses, so assertiveness is what each one has to possess to be independent, intelligent and competent professionals.

#### **Aims:**

- To create awareness about assertiveness.
- To enlighten about the benefits of assertiveness.

**Method:** PowerPoint, Graphic charts, Pictorial representations.

**DEFINITION:** Assertiveness is the ability to state positively and constructively your rights or needs, without violating the rights of others. It is a way of thinking and behaving that allows a person to stand up for his or her rights while violating the rights of others.

There are certain skills which help a person to be assertive, they are:

1. Broken record technique
2. Fogging
3. Workable compromise
4. Disarming anger
5. Negative inquiry
6. Sorting issues
7. Selective ignoring.

Train yourself towards being more assertive. You can learn assertiveness skills with a little practice and it will take you high. There are certain basic pillars of assertiveness, hold on to them tightly and it will never let you down.



They are:

- ASSERTIVE COMMUNICATION
  - ❖ Send clear messages
  - ❖ Learning to listen
  - ❖ Acknowledging your part, etc.
- ASSERTIVE BEHAVIOUR
  - ❖ Standing up for ones rights
  - ❖ Seeking respect for ones feelings
  - ❖ Rational thinking
- POSSESSING ASSERTIVE RIGHTS
- ASSERTIVE BODY LANGUAGE
  - ❖ Head position
  - ❖ Eye contact
  - ❖ Hand shakes, etc.

There are different types of assertiveness. One must know what type to use and when. Appropriate use of the types brings solution to lot of problems and makes us more confident. The different types are:

- Simple
- Empathetic
- Confrontive
- Feeling
- Negative
- Positive

Nurses are confronted with different situations, each with different challenges. If she has to emerge out successfully from each, she should be assertive. Assertiveness keeps at bay all the defeats and she can always with a smiling face discharge her duties of care and concern to the citizens. Some basic principles which she can follow are:



- Expectation
- Physical presence
- Use of voice
- Preparedness
- Rapport building
- Humor

## **BENEFITS OF ASSERTIVENESS**

Acting assertive helps to maintain honesty in relationships allows you to feel more in control of your world and improves your ability to make decision. Practicing assertiveness skills helps you to confront old ways of thinking, helps you to become more naturally assertive and is self reinforcing. Nurses have the right to be treated fairly, in assertiveness, there is respect for oneself and others and they are courageous.

An assertive    N    - nobly worthy  
                      U    - united  
                      R    - respected  
                      S    - has a solution for every problem  
                      E    - Energetic

### **Being assertive**

- Reduces stress
- Improves communication
- Increases effectiveness
- Controls anger
- Improves coping skills.

**Conclusion:** So, I am sure every nurse wants to be assertive. How assertive are you? Assertiveness is a good thing without it you inevitably hold back in your career and your personal life. The more assertive nurse is often recognized and rewarded. You also can be the one to add gems to your career if you follow the few tips which I have discussed with you. So get, set, go to be good.



## KARNATAKA HEALTH MANPOWER

by

**Madhu Sudhana.K.P**

Lecturer,

*Indian Institute of Nursing, Rajarajeshwari nagar, Bangalore*

### ABSTRACT

Karnataka is one of the pioneer status in the country in providing comprehensive public health services to its people. Even before the concept of primary health centers was conceived by the government of India, the state had already made a beginning in establishing a number of primary health units for providing comprehensive health care, and a delivery system consisting of curative, preventive and rehabilitation health care to the people of the state." HEALTH" is an asset to every person.

Nursing, in its broader sense, may be defined as the provision of nursing care to individuals, families, or communities in connection with the restoration or preservation of health, and comprising the nursing component of the organized health care and preventive services. Personnel ranging from the nursing aids to the professional nurse and nurse midwife may provide such care. It is recognized that the significance of the term 'nursing care' varies from country to country, depending on the health system, and that it will change as new health knowledge is acquired, and as changes occur in the functions performed by and availability of other categories of health personnel, in the social, physical, and economic situation, and in the characteristics of the population and its health problems.

Although sufficient attention has been given to the analysis of the demand, supply position of doctors since the beginning of the planning era; the various Para-medical categories remained a good deal neglected. This is because in the early stages of planning. The objective was to see that the shortages of high-level professional categories do not stand as a bottleneck in any area of development. Hence, very few studies were conducted in the context of these categories.



The present paper is an endeavor in this direction. This paper attempts to present a broad picture in terms of requirements and supply of nursing manpower i.e. graduate nurses, general nurses and auxiliary nurse midwives including health visitors. It may be mentioned here that the objective in the present paper is not to present a precise estimate of demand and supply of these personnel but to provide the broad indications regarding magnitude of requirements and supply of such manpower within the frame of the policy guidelines available on the subject.

### **REQUIREMENTS OF NURSING MANPOWER**

Forecasting future requirements is a difficult task due to the complexity of factors affecting the demand and supply. In health, education and social service sectors, projections of requirement for manpower are often based on the concept of 'needs' and speak in terms of consumer demand in a situation in which supply responds not to a market but according to a political decision and the judgment of the government. Example, it might be felt that the availability of qualified doctors in every village is a desirable 'need' but the question arises whether we have or do not have the capacity to pay for their services. It is; thus, necessary to make a distinction between the 'need' that is the level of desirable social requirements of manpower and the 'effective demand' which is based on economic consideration. For the latter, the assessment of requirement should take into account not only the services which the society needs but also the capacity to pay for the services required.

Requirements refer to the amount of services, manpower etc. Required to satisfy a given set of assumptions about how the health sector does, could, or should function. These assumptions may or may not be made explicit and may be premised in any one of a number of difficult approaches to planning.

Prof. Hale has described three methods of estimating the demand for health manpower. These three methods of estimating the demand for health manpower are described below. These being termed for brevity the health needs, service targets, and health demand (or economic). These three methods are presented as distinct entities, though in fact each has a number of variants that overlap considerably with other methods. Accordingly, planners should not give undue importance to the specific label applied to one or another



method but instead examine the underlying assumptions each makes about how the health system does or should operate.

**1. Health Needs:** this method seeks for determine what health services people actually require to keep them health. The determinations are made by health professionals. With or without the involvement of the public, and are based primarily on medical and technological considerations. Other issues, such as cost, the capacity to deliver the services needed, and the degree to which people are apt to seek the services, may be important but are of secondary concern.

**2. Service Targets:** In this method the primary focus is on setting largest for the production and delivery of health authorities and may be based on a wide variety of inputs including health needs, economic demands, consumer wants, and manpower ratios. This method usually presupposes a health system that takes an active role in shaping sectoral developments: it seeks to disaggregate for analytical purposes that various component parts of the system; and it seeks a good balance between what the population needs, what it wants, what medical technology can offer, and what society can actually deliver at a given point in time.

**3. Health (or Economic) Demand:** This method asks what numbers and kinds of health services people will actually use at the anticipated monetary and other cost of obtaining these services. For these methods the professionally determined need for and the qualities of the services to be demanded are of secondary importance.

The outcome and impact of all the efforts to improve health status of the population depends upon the knowledge, competence, skills, aptitudes and commitment of persons providing health care.



## **"NURSE LEADER - THE CHANGE AGENT"**

*by*

**Elizabeth Cherian**

*Principal*

*Lake side School of Nursing, Bangalore*

### **ABSTRACT**

#### **Background:**

Nursing in today's world faces tremendous challenges and a dearth of leaders who can introduce changes in the outlook and functions of a nurse.

#### **Introduction:**

The Nurse leader needs to advocate and participate in changes needed to improve client care and nursing practices in relation to the complex needs of patient care. We need to draw our leadership potential to the full extent and shape our practice in accordance with the fast advancing health care technology.

#### **Aims and Objectives:**

1. The author aims at spelling out the need to draw the fullest leadership potential of every nurse.
2. To effect changes in the education and service sector to improve the professional status of nurses and patient care.
3. To advocate the strong need for taking up leadership roles in respective areas of service.

Acharya Vinobha Bhave is a classic example of a social entrepreneur who as a founder and leader of the Land Gift movement made possible the redistribution of more than 70,00,000 hectares of land to India's untouchables and landless.

Florence Nightingale - the founder of Modern Nursing is the example of a nurse leader who changed the vision of a nurse and health care services and hospital conditions.



Every nurse needs to function as a change maker. There is a direct relationship between quality care and leadership. Nursing practice tells us that we must advocate and participate in changes to improve patient care and standards of nursing practice.

Nursing practice standards tells us that we are responsible and accountable for our practice and we need to take action to promote the provisions of safe appropriate and ethical care to patients. Every nurse is responsible to take a leadership role and promote changes that improve the quality of care that patients receive.

It is the nurse's own responsibility to maximize our leadership potential and position ourselves to be an agent of change. The nurse needs to be creative in thoughts, feelings and actions. Apply your own uniqueness to every activity you undertake.

### **Conclusion:**

Nurses need to demonstrate leadership skills and be proactive. Let us not wait for the change to happen.



*With Best Compliments from*



*Chairman, Management, Principal,  
Faculty, Staff & Students*

## **St. Mary's Institute of Nursing**

69/70, 4th Main, Pampa Extension,  
Kempapura, Hebbal,  
Bangalore-560024.



*With Best Compliments from*



## **AMBIKA COLLEGE OF NURSING**

Nelamangala, Bangalore Dist.







# Focus Care Inc.

## Health Care Staffing Solutions



**Save a life**

**Touch a heart**

**Make a  
difference**

**Enabling Global  
Nursing Careers**

**Focus Care Inc.**

# 119/1, 2nd Floor, Srinidhi Complex, 11th Cross,  
Off Sampige Road, Malleswaram,  
Bangalore - 560 003. India  
Ph +91-80-2334 5566, 2346 9099, 2346 0799  
Fax: +91-80-2334 5567



amenbs@gmail.com

*With Best Compliments from*

## **AMEN Business**

*Innovative Initiatives for Healthcare*

- ❖ Healthcare Recruitments & Placement Services
- ❖ Event Management for Healthcare Organizations
- ❖ Hospital Process Re-engineering
- ❖ Hospital Marketing Consulting
- ❖ Medical Records Process Re-engineering
- ❖ Workshops, Seminars & Conferences
- ❖ Training Programs



Contact : Paniel Jayanth @ 09900182975 / 09880612975

Website : [www.amenbs.com](http://www.amenbs.com) Email : [amenbs@gmail.com](mailto:amenbs@gmail.com)

*With Best Compliments from*

## **Noor School of Nursing Suleman College of Nursing BIDAR**



**Principal, Faculty, Staff & Students**  
Noor Education Trust, Noor Colony, Hyderabad Road, BIDAR.  
Ph: 08482221297.

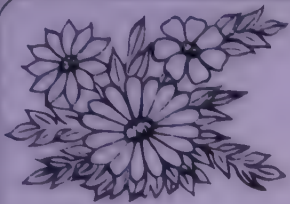
**Chairman: Mr. MD AYAZ KHAN**  
Member of Karnataka Nursing Council

**Recipient of :**

Rajiv Gandhi Shiromani Award in 2004,  
Rastriya Rattan Award 2004, Pride of India Award 2005,  
Rastriya Ekta Award 2005, Jewel of India 2006.







*With Best Compliments from*



**ANNAI JKK SAMPOORANIAMMAL COLLEGE  
OF NURSING  
KOMARAPALAYAM,  
NAMAKKAL DISTRICT-638183  
TAMIL NADU**



*With Best Compliments from*



**THE NURSE  
[PROPOSED JOURNAL ON NURSING RESEARCH]**

Editor: Dr. Jeyaseelan MD

P.O.BOX 15

KOMARAPALAYAM, NAMAKKAL DISTRICT-638183

TAMIL NADU

Email id: [thenurse2007@gmail.com](mailto:thenurse2007@gmail.com)





*With Best Compliments from*



**LAKESIDE SCHOOL OF NURSING**

**LAKESIDE MEDICAL CENTER & HOSPITAL**

**33/4, MEANEE AVENUE ROAD, NEAR ULSOOR LAKE,  
BANGALORE-560042**

**PH: 25304276/25560884**



*With Best Compliments from*



*Chairman, Management, Principal, Faculty and Students*

**SNEHA COLLEGE OF NURSING**

**# 35/2 Chelekere, Ring Road, Kalyana Nagar  
Bangalore-560 043**



*With Best Compliments from*



*Chairman, Management, Principal, Faculty and Students*  
**SHRIDEVI COLLEGE OF NURSING**

Lingapura, N.R.Extn, Sira Road,  
Tumkur – 572106.

*With Best Compliments from*



*Chairman, Management, Principal, Faculty and Students*  
**Padmashree College of Nursing**

Near Nagarbhavi, No.23, 80Ft Road Gurukrupa  
Layout, Jnana Bharathi Main Road,  
Bbangalore-560 072





*With Best Compliments from*



# *Ikon Nursing College*

Bheemana Halli, Bidadi Hobli,  
Ramanagar Taluk, Bangalore- Mysore Main Road, Bangalore.



*With Best Compliments from*



*Chairman, Management, Principal, Faculty and Students*

**GLOBAL COLLEGE OF NURSING**

Nayandanahalli, Mysore Road  
Bangalore-560 039



*With Best Compliments from*

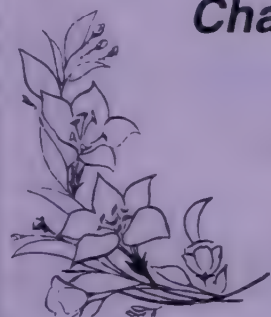


***Chairman, Management, Principal, Faculty and Students***

**Sri Raghavendra College of Nursing**

Site No. 29, Chimney Hills,,Near Govt. Jindal High  
School,,Pipeline Road, Chikkabanavara Post

Bangalore-560 090



*With Best Compliments from*



***Chairman, Management, Principal, Faculty and Students***

**VSS COLLEGE OF NURSING**

No. 47, 48 & 49 and New No.,Mysore Ring road,78,  
Nagadevanahalli Village,,Kengeri Hobli, Bangalore  
South Taluk, Bangalore-560 056







*With Best Compliments from*



# *City College of Nursing*

( A Unit of City Hospital Charitable Trust)  
"City Enclave", Shaktinagar Mangalore-575 016



*With Best Compliments from*



Dr RamaMohan Rao K & Mrs Deepika Rao  
Ashish Rao K, Abhijith Rao K,  
Anupama Rao K  
Mangalore





### **Knowledge on warfarin therapy**

In this descriptive survey carried out to assess the knowledge of staff nurses regarding warfarin therapy at the cardiac Post operative ward, overall mean knowledge score of respondents on warfarin therapy was found to be above average (63.3%, SD =9.9). The highest mean knowledge noticed in the aspect of drug followed by lab investigation and complication. However, the least mean knowledge found in the aspect of coagulation factor. Higher mean knowledge score noticed (65.50%) in the lower age group. However, statistically the impact of experience on knowledge score of respondents on warfarin therapy found to be non-significant ( $F=0.07$ NS,  $P>0.05$ ). The study suggests that nurses must enhance knowledge through continued nursing education and in-service training programme so that nurses can fulfill the educator role. Clients on long term warfarin therapy are adequately taught during discharge planning and are able to maintain health.

- ❖ Mrs. Shani John Sequeira, [Asst Prof, MCON, Manipal University]
- ❖ Ms Shalini Shetty, [D.GNM, P.C- CVT]

#### ***Best compliments from:***

Dr RamaMohan Rao K & Mrs Deepika Rao

Their children: Ashish Rao K; Abhijith Rao K; Anupama Rao K

### **Knowledge and practice of endotracheal suctioning**

The study was conducted to assess the knowledge and practice of the staff nurses regarding endotracheal suctioning. It was observed that 90 per cent of the respondents had attended in-service educational programme. Overall mean knowledge of respondents on end tracheal suctioning found to be adequate (67.0%, SD =12.8). Higher mean knowledge score found in the aspect of procedure, followed knowledge on complication aspect and least knowledge noticed in the aspect of anatomy. Among the demographic variables the impact of clinical experience on knowledge was found to be statistically significant ( $F=6.12^*$ ,  $P>0.05$ ). However, the study emphasizes competency based studies and the need for nurses to be train themselves to enhance patient outcomes in intensive nursing care areas and prevent complications.

- ❖ Ms Lalitha P, [D.GNM, P.C- CVT]
- ❖ Mrs. Shani John Sequeira, [Asst Professor, MCON, Manipal University]

#### ***Best compliments from:***

Dr RamaMohan Rao K & Mrs Deepika Rao

Their children: Ashish Rao K; Abhijith Rao K; Anupama Rao K



SVM

phd

ephd

3.000

SRMC

SAVITHA

60,000/-

Chennai

With Best Compliments from

CHN-



Chairman, Management, Principal, Faculty and Students

**SRILAKSHMI COLLEGE OF NURSING**

No. 127/1, Sri Gandada Kaval, Magadi Main

Road,, Sunkadakatte, Bangalore-560 091

## NURSING FORUM - 2008

*Expresses its  
sincere thanks to all its  
Advertisers  
and  
Well Wishers  
for their whole hearted support*





Na.  
"Kashwai"

2008

**Medicall**

hospital needs expo

1  
MSc  
MSc  
PhD

MSc 18 Rebecca

3<sup>RD</sup> EDITION

CIMC

2008 August 1, 2 & 3  
Rajamuthiah Hall, Chennai  
a national level hospital expo

Too many problems.....?

"Nursing"

Too little time....

" VISIT MEDICALL2008..

A One Stop Shop for all your  
Hospital requirements "

Equipment Maintenance  
Insurance  
Infection Control  
Bank Loan  
Pollution Control  
Competition  
Consumer cases  
Biomedical Waste  
Medical Records  
Shortage of Staff  
Accreditation

Dr. Savarimuthan

Dr. Shreedevi

MMC

Dr. "Rebecca" Sam

→ 40,000. Pg.



[www.medicall.in](http://www.medicall.in)

DR. S. Manivannan, CEO, MEDEXPERT,  
ISHA Homes, NO: 74, 1st Avenue,  
Indira Nagar, Adayar, Chennai - 20, Tamilnadu, India.  
Tel : 91 44 32516661 Mobile : 91 0 93855 11033  
Email : medexpert@medicall.in





# GOUTHAM GROUP OF INSTITUTIONS

Recognised by: Government of Karnataka

Affiliated to: Rajiv Gandhi University / Indian Nursing Council / CCIM / PCI / AICTE / KSDNEB / PM

## ALLIED MEDICAL COURSES

*In Quest of Academic Excellence*

IAPNo. SECIA/02/6004

INC No. 11-32/2002

<b>B.A.M.S</b>	<b>Degree in Ayurvedic Medicine &amp; Surgery</b> Pass PUC/HSC with 50% in PCB	<b>5 Yrs.</b>
<b>M.P.T</b>	<b>Master Degree in Physiotherapy</b> Pass BPT/Bpth/B.Sc.(PT) with 50%	<b>2 Yrs.</b>
<b>M.Sc. (Nursing)</b>	<b>Master Degree in Nursing</b> Pass B.Sc (N) / PC B.Sc (N) with 50%	<b>2 Yrs.</b>
<b>B. Pharm</b>	<b>Degree in Pharmacy</b> Pass PUC/10+2 with 45% in PCB	<b>4 Yrs.</b>
<b>B.P.T</b>	<b>Degree in Physiotherapy</b> Pass 10+2/PUC with PCB Sci. with 45%	<b>4 Yrs.</b>
<b>B.Sc. (Nsg)</b>	<b>Degree in Nursing</b> Pass 10+2/PUC with PCB Sci. with 45%	<b>4 Yrs .</b>
<b>PC B.Sc. (Nsg)</b>	<b>Post Certificate Degree in Nursing</b> Pass GNM with 2 Yrs Experience	<b>2 Yrs.</b>
<b>B.Sc. (S&amp;HL)</b>	<b>Degree in Speech &amp; Hearing Language</b> Pass 10+2/PUC with II Group / Science with 50. %	<b>3 Yrs. (6 Sem)</b>
<b>G.N.M.</b>	<b>General Nursing &amp; Midwifery</b> Pass 10+2/PUC with any group	<b>3½ Yrs.</b>
<b>D.M.L.T.</b>	<b>Laboratory Technician</b> Pass SSLC / 10th OR 10+2 / PUC with Sci.	<b>2/3 Yrs.</b>
<b>D.M.X.T.</b>	<b>Diploma in X-Ray Technician</b> Pass SSLC / 10th OR 10+2 / PUC with Sci.	<b>2/3 Yrs.</b>
<b>D.S.H.I.</b>	<b>Diploma in Sanitary Health Inspector</b> Pass SSLC / 10th OR 10+2 / PUC with Sci.	<b>2/3 Yrs.</b>
<b>D.O.T.</b>	<b>Diploma in Operation Theatre Technology</b> Pass SSLC / 10th OR 10+2 / PUC with Sci.	<b>2/3 Yrs.</b>
<b>D.M.R.T.</b>	<b>Diploma in Medical Record Technology</b> Pass SSLC / 10th OR 10+2 / PUC with Sci.	<b>2/3 Yrs.</b>



For application cum prospectus send Rs. 1,000/- by DD / Cash / M.O.

Separate Hostel Facilities for Boys & Girls.

Hospital Facilities for Training Available



### Administrative Office:

# 258, 5th Main, Manjunathanagar 1st Phase, West of Chord Road,  
Rajajinagar, Bangalore-560 010, Karnataka, India  
Phone: 23303737, 23385300, 23388854 Fax: 23203777